

SERFF Tracking Number: ACTR-125721942 State: Arkansas  
 Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39565  
 Company Tracking Number: FLA ADB HYBRID RIDERS  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
 Product Name: Fidelity Hybrid Accidental Death Benefit Riders  
 Project Name/Number: Fidelity Hybrid Accidental Death Benefit Riders/FLAF3780F3790

## Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Product Name: Fidelity Hybrid Accidental Death SERFF Tr Num: ACTR-125721942 State: ArkansasLH

Benefit Riders

TOI: L04I Individual Life - Term

SERFF Status: Closed

State Tr Num: 39565

Sub-TOI: L04I.103 Renewable - Single Life -

Co Tr Num: FLA ADB HYBRID

State Status: Approved-Closed

Fixed/Indeterminate Premium

RIDERS

Filing Type: Form

Co Status: Submitted to State

Reviewer(s): Linda Bird

Authors: Sherry Wommack, Mindy

Disposition Date: 07/10/2008

Dodd

Date Submitted: 07/09/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Fidelity Hybrid Accidental Death Benefit Riders

Status of Filing in Domicile: Pending

Project Number: FLAF3780F3790

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/10/2008

State Status Changed: 07/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity Life) hereby submits the Accidental Death Benefit riders attached to the form schedule. The forms are new and will not replace any forms previously approved in your state. This submission contains no controversial items relative to normal industry standards and does not contain any provisions which have been previously disapproved by the department. The product associated with these riders is

SERFF Tracking Number: ACTR-125721942 State: Arkansas  
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Product Name: Fidelity Hybrid Accidental Death Benefit Riders  
Project Name/Number: Fidelity Hybrid Accidental Death Benefit Riders/FLAF3780F3790

not illustrated.

The Accidental Death Benefit riders submitted are offered with Fidelity's Level Death Benefit Renewable Term policy, form F4100. If the insured opts to submit authorized medical examination results to Fidelity Life within six months from the date of policy issue and if Fidelity Life determines that the results are acceptable, then the Face Amount Increase Rider (F3770) will be issued to increase coverage for the insured without an increase in premium.

The benefits provided by the riders are an additional death benefit payable only in the event of the accidental death of the insured and are in consideration of the premiums paid. Fidelity Life will pay the death benefits if all the conditions of the riders are met.

Form F3780 may be issued with the policy and will have the same effective date as the policy. If the insured qualifies for the increase in face amount for the same amount that was provided under the F3780, this rider will terminate upon issuance of the Face Amount Increase Rider, unless the insured declines to accept coverage under the Face Amount Increase Rider.

In the event the insured does not qualify for the same amount that was provided under the F3780, the F3790 will be issued with a new effective date (shown on the rider schedule) and the accidental death benefit will be the difference in the amount the insured qualified for under the Face Amount Increase rider and the amount that was provided under the F3780 accidental death benefit amount.

Hence, coverage under the F3780 and F3770 is mutually exclusive and coverage under the F3780 and F3790 is mutually exclusive.

To illustrate the significance of the riders we offer the following example:

In the scenarios described below, the insured is anticipated to qualify for \$300,000 of life insurance, but is issued pursuant to non-medical underwriting at:

F4100 Face Amount \$100,000

F3780 ADB Benefit \$200,000

*SERFF Tracking Number:*      *ACTR-125721942*      *State:*      *Arkansas*  
*Filing Company:*      *Fidelity Life Association, A Legal Reserve Life Insurance Company*      *State Tracking Number:*      *39565*  
*Company Tracking Number:*      *FLA ADB HYBRID RIDERS*  
*TOI:*      *L04I Individual Life - Term*      *Sub-TOI:*      *L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*  
*Product Name:*      *Fidelity Hybrid Accidental Death Benefit Riders*  
*Project Name/Number:*      *Fidelity Hybrid Accidental Death Benefit Riders/FLAF3780F3790*

Under the first scenario and for the same premium, the insured qualifies for an additional \$200,000 face amount with medical underwriting completed within 6 months of application:

F4100 Face Amount      \$300,000

F3770 Face Amount Increase Rider is issued, and;

F3780 ADB rider is terminated.

Such insured would then have \$300,000 of all-cause life insurance.

Under the second scenario and for the same premium, the insured qualifies for an additional \$150,000 face amount with medical underwriting completed within 6 months of application:

F4100 Face Amount      \$250,000

F3770 Face Amount increase rider is issued;

F3780 ADB rider is terminated;

F3790 ADB Benefit \$50,000 (issued with a current effective date)

Such insured would then have \$250,000 of all-cause insurance and \$50,000 of ADB coverage.

All forms are submitted in final print and are subject to only minor modifications in paper size, paper color, paper stock, binding, ink, shading, border, font type, logo and company adaptation to computer printing or typesetting.

Please find attached a letter from Fidelity Life Association authorizing Actuarial Risk Management to file on its behalf. If you should have any questions or need further information, please contact me at (866) 480-7475, or by e-mail at [mdodd@actrisk.com](mailto:mdodd@actrisk.com).

## **Company and Contact**

### **Filing Contact Information**

(This filing was made by a third party - ActRisk01)

Mindy Dodd, Compliance Analyst

[mdodd@actrisk.com](mailto:mdodd@actrisk.com)

6500 River Place Blvd. (866) 480-7475 [Phone]  
Austin, TX 78730 (512) 346-1249[FAX]

## Filing Company Information

Fidelity Life Association, A Legal Reserve Life Insurance Company	CoCode: 63290	State of Domicile: Illinois
1211 West 22nd Street	Group Code: 3413	Company Type: Life
Suite 209		
Oak Brook, IL 60523	Group Name:	State ID Number:
(512) 345-5200 ext. [Phone]	FEIN Number: 36-1068685	

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SERFF Tracking Number: ACTR-125721942 State: Arkansas  
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Company Tracking Number: FLA ADB HYBRID RIDERS  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
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Project Name/Number: Fidelity Hybrid Accidental Death Benefit Riders/FLAF3780F3790

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: F3780/F3790 ADB Hybrid Riders  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$50.00	07/09/2008	21318407

SERFF Tracking Number:      ACTR-125721942      State:      Arkansas  
Filing Company:      Fidelity Life Association, A Legal Reserve Life      State Tracking Number:      39565  
Insurance Company  
Company Tracking Number:      FLA ADB HYBRID RIDERS  
TOI:      L04I Individual Life - Term      Sub-TOI:      L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name:      Fidelity Hybrid Accidental Death Benefit Riders  
Project Name/Number:      Fidelity Hybrid Accidental Death Benefit Riders/FLAF3780F3790

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/10/2008	07/10/2008

<i>SERFF Tracking Number:</i>	<i>ACTR-125721942</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Life Association, A Legal Reserve Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39565</i>
<i>Company Tracking Number:</i>	<i>FLA ADB HYBRID RIDERS</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Fidelity Hybrid Accidental Death Benefit Riders</i>		
<i>Project Name/Number:</i>	<i>Fidelity Hybrid Accidental Death Benefit Riders/FLAF3780F3790</i>		

## Disposition

Disposition Date: 07/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:      ACTR-125721942      State:      Arkansas

Filing Company:      Fidelity Life Association, A Legal Reserve Life      State Tracking Number:      39565

Insurance Company

Company Tracking Number:      FLA ADB HYBRID RIDERS

TOI:      L04I Individual Life - Term      Sub-TOI:      L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Product Name:      Fidelity Hybrid Accidental Death Benefit Riders

Project Name/Number:      Fidelity Hybrid Accidental Death Benefit Riders/FLAF3780F3790

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Auth, Rider Schedule, SOV		Yes
Supporting Document	Cover Letter		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Accidental Death Benefit Rider		Yes



SERFF Tracking Number: ACTR-125721942 State: Arkansas

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Company Tracking Number: FLA ADB HYBRID RIDERS

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Fidelity Hybrid Accidental Death Benefit Riders

Project Name/Number: Fidelity Hybrid Accidental Death Benefit Riders/FLAF3780F3790

## Form Schedule

### Lead Form Number: F3780

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	F3780	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		63	F3780 Accidental Death Benefit Rider.pdf
	F3790	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62	F3790 Accidental Death Benefit Rider.pdf

## ACCIDENTAL DEATH BENEFIT RIDER

**RIDER PART OF POLICY:** This Rider is attached to and made a part of the Policy in return for the application and the payment of premiums for this Rider. The additional premiums for this Rider are shown on the Accidental Death Benefit Schedule Page. All the provisions of the Policy apply to this Rider, except for those that are inconsistent with this Rider, in which case the provisions of this Rider control.

**RIDER BENEFIT:** The benefit provided by this Rider is an additional death benefit, as shown on the Schedule Page, payable only in the event of the accidental death of the Insured. Fidelity Life Association will pay this death benefit if all the conditions of this Rider are met and none of the exclusions discussed below apply. Any amount due under this Rider will be added to the death benefit provided by the Policy. Reduced benefits are paid after age 70.

**PROOF OF ACCIDENTAL DEATH:** As a condition to our obligation to pay any benefit under this Rider, we require that due proof of the accidental death be given to us at our Home Office. This proof must show that the Insured's death occurred:

- a. As a direct result of accidental bodily injury independently of all other causes; and
- b. Within 180 days after the injury was received; and
- c. While the Policy and this Rider were in full force.

The accidental death benefit is payable to the beneficiary.

Unless prohibited by law, we have the right to examine the body and have an autopsy done, at our expense, at any time.

**EXCLUSIONS:** There are some exclusions to the coverage provided by this Rider. No accidental death benefit will be payable if the Insured's death results directly or indirectly from any of these causes.

- a. **Suicide:** Suicide or intentionally self-inflicted injury, while the Insured is sane or insane.
- b. **War:** War, declared or undeclared, or any act of war. War is defined as armed conflict between nations, or between factions in the same nation.
- c. **Military Service:** Service in the military forces of any country at war or in any civilian noncombatant unit serving with those forces. "War" includes undeclared war. "Country" includes any international organization or group of countries.
- d. **Aviation:** Travel in, or descent from an aircraft, if the insured acted in a capacity other than as a fare-paying passenger on a commercial airplane.
- e. **Natural Causes:** Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity.
- f. **Infection:** An infection not occurring as a direct result or consequence of an accidental bodily injury.
- g. **Drug:** Voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended or under any successor legislation, unless taken in accordance with a physician's advice and prescription.
- h. **Alcohol:** Death caused by injuries sustained while the Insured is operating a motor vehicle or is engaging in boating, rafting, canoeing, or other water recreation and is determined to have a blood alcohol level exceeding the legal limit as defined by state law where the accident occurred. "Water recreation" includes swimming, diving, or snorkeling.
- i. **Speed Contest:** Riding or driving, an air, land or water vehicle in a race, speed or endurance contest.
- j. **Felony:** Committing or attempting to commit a felony.
- k. **Riot:** Voluntary participation in a riot, insurrection or terrorist activity.
- l. **Criminal Activity:** Voluntary participation in an illegal occupation or activity.

## ACCIDENTAL DEATH BENEFIT RIDER

*Continued from previous page.*

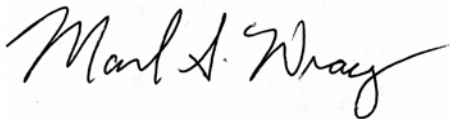
**TERMINATION OF THIS RIDER:** This Rider ends automatically at the earliest of the following:

- a. On the Expiry Date of this Rider, as shown on the Accidental Death Benefit Schedule Page; or
- b. When the Policy matures; or
- c. When the Policy terminates for any reason; or
- d. At the end of the 31 day grace period for an unpaid premium; or
- e. On the date which You are approved for a Face Amount Increase Rider (Form F3770) provided, however, that this subsection (e) shall be null and void if you decline to accept coverage under such Face Amount Increase Rider.

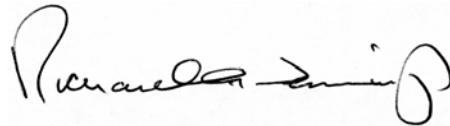
**NO COVERAGE SHALL BE IN EFFECT AT ANY TIME UNDER BOTH THE FACE AMOUNT INCREASE RIDER (FORM F3770) AND THIS RIDER. COVERAGE UNDER THE TWO RIDERS IS MUTUALLY EXCLUSIVE.**

**CANCELLATION OF THIS RIDER:** This Rider may be cancelled by a written request. Cancellation will take effect on the date we receive the written request at our Home Office. We will refund a pro rata part of any premium paid for this Rider beyond that date.

### FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



*Secretary*



*President*

Fidelity Life Association, A Legal Reserve Life Insurance Company  
[1211 West 22<sup>nd</sup> Street, Suite 209  
Oak Brook, IL 60523]

**Address for correspondence**

Fidelity Life Association  
[P.O. Box 9269  
Oak Brook, IL 60523-2345]

## ACCIDENTAL DEATH BENEFIT RIDER

**RIDER PART OF POLICY:** This Rider is attached to and made a part of the Policy in return for the application and the payment of premiums for this Rider. The additional premiums for this Rider are shown on the Accidental Death Benefit Schedule Page. All the provisions of the Policy apply to this Rider, except for those that are inconsistent with this Rider, in which case the provisions of this Rider control.

**RIDER BENEFIT:** The benefit provided by this Rider is an additional death benefit, as shown on the Schedule Page, payable only in the event of the accidental death of the Insured. Fidelity Life Association will pay this death benefit if all the conditions of this Rider are met and none of the exclusions discussed below apply. Any amount due under this Rider will be added to the death benefit provided by the Policy. Reduced benefits are paid after age 70.

**PROOF OF ACCIDENTAL DEATH:** As a condition to our obligation to pay any benefit under this Rider, we require that due proof of the accidental death be given to us at our Home Office. This proof must show that the Insured's death occurred:

- a. As a direct result of accidental bodily injury independently of all other causes; and
- b. Within 180 days after the injury was received; and
- c. While the Policy and this Rider were in full force.

The accidental death benefit is payable to the beneficiary.

Unless prohibited by law, we have the right to examine the body and have an autopsy done, at our expense, at any time.

**EXCLUSIONS:** There are some exclusions to the coverage provided by this Rider. No accidental death benefit will be payable if the Insured's death results directly or indirectly from any of these causes.

- a. **Suicide:** Suicide or intentionally self-inflicted injury, while the Insured is sane or insane.
- b. **War:** War, declared or undeclared, or any act of war. War is defined as armed conflict between nations, or between factions in the same nation.
- c. **Military Service:** Service in the military forces of any country at war or in any civilian noncombatant unit serving with those forces. "War" includes undeclared war. "Country" includes any international organization or group of countries.
- d. **Aviation:** Travel in, or descent from an aircraft, if the insured acted in a capacity other than as a fare-paying passenger on a commercial airplane.
- e. **Natural Causes:** Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity.
- f. **Infection:** An infection not occurring as a direct result or consequence of an accidental bodily injury.
- g. **Drug:** Voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended or under any successor legislation, unless taken in accordance with a physician's advice and prescription.
- h. **Alcohol:** Death caused by injuries sustained while the Insured is operating a motor vehicle or is engaging in boating, rafting, canoeing, or other water recreation and is determined to have a blood alcohol level exceeding the legal limit as defined by state law where the accident occurred. "Water recreation" includes swimming, diving, or snorkeling.
- i. **Speed Contest:** Riding or driving, an air, land or water vehicle in a race, speed or endurance contest.
- j. **Felony:** Committing or attempting to commit a felony.
- k. **Riot:** Voluntary participation in a riot, insurrection or terrorist activity.
- l. **Criminal Activity:** Voluntary participation in an illegal occupation or activity.

## ACCIDENTAL DEATH BENEFIT RIDER

*Continued from previous page.*

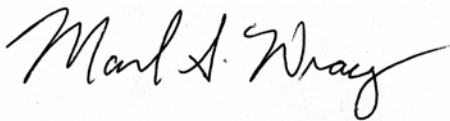
**TERMINATION OF THIS RIDER:** This Rider ends automatically at the earliest of the following:

- a. On the Expiry Date of this Rider, as shown on the Accidental Death Benefit Schedule Page; or
- b. When the Policy matures; or
- c. When the Policy terminates for any reason; or
- d. At the end of the 31 day grace period for an unpaid premium; or

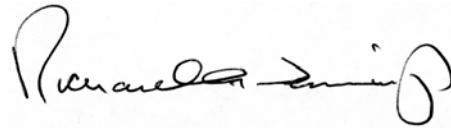
**NO COVERAGE SHALL BE IN EFFECT AT ANY TIME UNDER BOTH THIS RIDER (FORM F3790) AND ACCIDENTAL DEATH BENEFIT RIDER FORM F3780. COVERAGE UNDER THE TWO RIDERS IS MUTUALLY EXCLUSIVE.**

**CANCELLATION OF THIS RIDER:** This Rider may be cancelled by a written request. Cancellation will take effect on the date we receive the written request at our Home Office. We will refund a pro rata part of any premium paid for this Rider beyond that date.

### FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



*Secretary*



*President*

Fidelity Life Association, A Legal Reserve Life Insurance Company  
[1211 West 22<sup>nd</sup> Street, Suite 209  
Oak Brook, IL 60523]

**Address for correspondence**  
Fidelity Life Association  
[P.O. Box 9269  
Oak Brook, IL 60523-2345]

SERFF Tracking Number:	ACTR-125721942	State:	Arkansas
Filing Company:	Fidelity Life Association, A Legal Reserve Life Insurance Company	State Tracking Number:	39565
Company Tracking Number:	FLA ADB HYBRID RIDERS		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	Fidelity Hybrid Accidental Death Benefit Riders		
Project Name/Number:	Fidelity Hybrid Accidental Death Benefit Riders/FLAF3780F3790		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ACTR-125721942 State: Arkansas  
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39565  
Company Tracking Number: FLA ADB HYBRID RIDERS  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
Product Name: Fidelity Hybrid Accidental Death Benefit Riders  
Project Name/Number: Fidelity Hybrid Accidental Death Benefit Riders/FLAF3780F3790

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 07/03/2008  
**Comments:**  
**Attachments:**  
AR Fidelity Readability Certification.pdf  
AR Certificate of Compliance.pdf

### Review Status:

**Satisfied -Name:** Auth, Rider Schedule, SOV 07/09/2008  
**Comments:**  
**Attachments:**  
FLA Letter of Authorization.pdf  
ADB Hybrid Rider Schedule.pdf  
Statement of Variability.pdf

### Review Status:

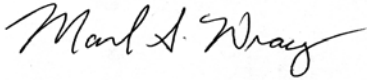
**Satisfied -Name:** Cover Letter 07/09/2008  
**Comments:**  
**Attachment:**  
AR Fidelity Cover.pdf

# State of Arkansas

## Fidelity Life Association Readability Certification

I, Mark Wray, duly authorized to give this certification on its behalf, hereby certify that the forms described below comply with all laws, rules, bulletins, and published guidelines applicable to the particular type of forms. Furthermore, the Flesch readability score for these forms are:

<u>Form</u>	<u>Description</u>	<u>Flesch</u>
F3780	Accidental Death Benefit Rider (F3780)	63
F3790	Accidental Death Benefit Rider (F3790)	62



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Mark Wray,  
Chief Financial Officer and Secretary

7/9/2008  
Date

\*When forms are scored together with the base contract.




# Certificate of Compliance State of Arkansas

Fidelity Life Association

Name of Individual responsible for the preparation of this filing and supporting documentation:

**NAME** Sherry Wommack  
**TITLE** Assistant Director, Actuarial Risk Management

I hereby certify that to the best of my knowledge and belief as to the accuracy and completeness of this filing; further, I certify that this filing conforms to the Arkansas Insurance Code, the Arkansas Insurance Regulations, and and the Rule and Regulation 19 Unfair Sex Discrimination in the Sale of Insurance.

**CERTIFIED BY** Sherry Wommack   
**TITLE** Assistant Director  
**DATE** 7/09/2008

**FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY**  
1211 West 22nd Street, Suite 209, Oak Brook, IL 60623

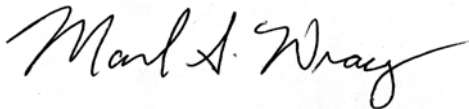
July 1, 2008

To Whom It May Concern:

Re: Authorization to Represent Fidelity Life Association on its Policy Form Filing.

I hereby authorize Actuarial Risk Management and its employees to file policy forms and other associated forms including, but not limited to riders, amendments, and applications and respond to inquiries on our behalf. This authority shall continue until we revoke in writing.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Wray". The signature is fluid and cursive, with a long horizontal stroke at the end.

Mark Wray  
Chief Financial Officer, Secretary and Treasurer

## ACCIDENTAL DEATH BENEFIT RIDER SCHEDULE

**Policy Number:** 123456789

**Effective Date:** September 12, 2008

**Insured:** John Franklin Butterfield

**Expiry Date:** September 12, 2053

**Class:** Standard

**Annual Premium:** \$100.00

**Payable for Policy Years:** 1 to 45

**Benefit Prior to Age 70:** \$100,000

**Benefit After Age 70 to age 80:** \$ 50,000

The annual premium shown above is included in the Annual Premiums shown on the Schedule of Premiums on page 3a.

**Fidelity Life Association, A Legal Reserve Life Insurance Company**  
**Statement of Variability**  
**F3780 and F3790**

The following items are indicated as variable items with brackets.

Policyholder information is shown in John Doe fashion. Policyholder information such as Insured name, policy number, dates, benefit amount, premium, etc., may vary between issues and, therefore, are not detailed below.

<b>Page</b>	<b>Variable Items</b>	<b>Justification</b>
2	<b>Company Address and phone numbers</b>	This information is variable should the company relocate within Illinois in the future.
2	<b>Officer's Signature</b>	This information is variable should the company officer's change.

\*These changes will be made in an equitable manner and be applied to all issues of this product on a given day and in a manner that does not discriminate between applicants.

July 09, 2008

Arkansas Insurance Department

VIA: SERFF

**RE: Fidelity Life Association, A Legal Reserve Life Insurance Company**  
**NAIC #63290; FEIN: 36-1068685**

**Riders submitted for review and approval:**

F3780 Accidental Death Benefit Rider (F3780)  
F3790 Accidental Death Benefit Rider (F3790)

**Previously approved Forms associated with the Riders:**

F3770	Face Amount Increase Rider	Approved	04/28/2008	ACTR-125602099
F4100	Level Death Benefit Renewable Term (Hybrid Life)	Approved	04/28/2008	ACTR-125602099

**Previously approved Applications to be used in offering the Riders:**

F1031	Application for Level Death Benefit Term Life (RD Term)	Approved	10/05/2007	ACTR-125293389
F1045E	Electronic Application for Life Insurance (MT and RD)	Approved	03/17/2008	ACTR-125509340

Dear Analyst:

Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity Life) hereby submits the above captioned riders. The forms are new and will not replace any forms previously approved in your state. This submission contains no controversial items relative to normal industry standards and does not contain any provisions which have been previously disapproved by the department. The product associated with these riders is not illustrated.

The Accidental Death Benefit riders submitted are offered with Fidelity's Level Death Benefit Renewable Term policy, form F4100. If the insured opts to submit authorized medical examination results to Fidelity Life within six months from the date of policy issue and if Fidelity Life determines that the results are acceptable, then the Face Amount Increase Rider (F3770) will be issued to increase coverage for the insured without an increase in premium.

The benefits provided by the riders are an additional death benefit payable only in the event of the accidental death of the insured and are in consideration of the premiums paid. Fidelity Life will pay the death benefits if all the conditions of the riders are met.

Form F3780 may be issued with the policy and will have the same effective date as the policy. If the insured qualifies for the increase in face amount for the same amount that was provided under the F3780, this rider will terminate upon issuance of the Face Amount Increase Rider, unless the insured declines to accept coverage under the Face Amount Increase Rider.

In the event the insured does not qualify for the same amount that was provided under the F3780, the F3790 will be issued with a new effective date (shown on the rider schedule) and the accidental death benefit will be the difference in the amount the insured qualified for under the Face Amount Increase rider and the amount that was provided under the F3780 accidental death benefit amount.

Hence, coverage under the F3780 and F3770 is mutually exclusive and coverage under the F3780 and F3790 is mutually exclusive.

To illustrate the significance of the riders we offer the following example:

In the scenarios described below, the insured is anticipated to qualify for \$300,000 of life insurance, but is issued pursuant to non-medical underwriting at:

F4100 Face Amount	\$100,000
F3780 ADB Benefit	\$200,000

Under the first scenario and for the same premium, the insured qualifies for an additional \$200,000 face amount with medical underwriting completed within 6 months of application:

F4100 Face Amount	\$300,000
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F3770 Face Amount Increase Rider is issued, and;  
F3780 ADB rider is terminated.

Such insured would then have \$300,000 of all-cause life insurance.

Under the second scenario and for the same premium, the insured qualifies for an additional \$150,000 face amount with medical underwriting completed within 6 months of application:

F4100 Face Amount	\$250,000
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F3770 Face Amount increase rider is issued;  
F3780 ADB rider is terminated;  
F3790 ADB Benefit \$50,000 (issued with a current effective date)

Such insured would then have \$250,000 of all-cause insurance and \$50,000 of ADB coverage.

All forms are submitted in final print and are subject to only minor modifications in paper size, paper color, paper stock, binding, ink, shading, border, font type, logo and company adaptation to computer printing or typesetting.

Please find attached a letter from Fidelity Life Association authorizing Actuarial Risk Management to file on its behalf. If you should have any questions or need further information, please contact me at (866) 480-7475, or by e-mail at [mdodd@actrisk.com](mailto:mdodd@actrisk.com).

Sincerely,



Mindy Dodd  
Compliance Analyst